Fill in this information to identify your o		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS		
Case number (if known):	Chapter you are filing under: ✓ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13	Check if this is a amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example,	Jane First Name	First Name
	your driver's license or passport).	Middle Name	Middle Name
		Ellifrits	
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you	Jane	
	have used in the last 8	First Name	First Name
	years	Ann	NOTE NO.
	Include your married or	Middle Name Ellifrits	Middle Name
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of		
<i>,</i> .	your Social Security	xxx - xx - <u>3</u> <u>3</u> <u>6</u>	xxx - xx
	number or federal Individual Taxpayer	OR	OR
	Identification number (ITIN)	9xx - xx	9xx - xx

Del	otor 1	Jane Ellifrits		Case number (if known)		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	and Er	usiness names mployer	I have not used any business names or EIN	ls. I have not used any business names or EINs.		
	(EIN) y	ification Numbers you have used in ast 8 years	Business name	Business name		
		e trade names and	Business name	Business name		
	doing b	ousiness as names	Business name	Business name		
			EIN — — — — — — — —	EIN		
			EIN	EIN		
5. Whe	Where	you live		If Debtor 2 lives at a different address:		
			1410 Carla Avenue Number Street	Number Street		
			Arlington TX 76014			
			City State ZIP Code	City State ZIP Code		
			Tarrant County	County		
			If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.		
			Number Street	Number Street		
			P.O. Box	P.O. Box		
			City State ZIP Code	City State ZIP Code		
6.		ou are choosing	Check one:	Check one:		
	this di bankru	strict to file for uptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
			I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		
Р	art 2:	Tell the Court A	bout Your Bankruptcy Case			
7.	Bankrı	napter of the uptcy Code you	Check one: (For a brief description of each, see N for Bankruptcy (Form 2010)). Also, go to the top of	lotice Required by 11 U.S.C. § 342(b) for Individuals Filing of page 1 and check the appropriate box.		
	are che under	oosing to file	☑ Chapter 7			
			Chapter 11			
			Chapter 12			
			☐ Chapter 13			

Deb	otor 1 Jane Ellifrits	Case number (if known)						
8.	How you will pay the fee	coui pay	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.					
			I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).					
		By la than fee i	quest that my fee be waived (You may aw, a judge may, but is not required to, we as 150% of the official poverty line that appin installments). If you choose this option ag Fee Waived (Official Form 103B) and form	raive your fee olies to your f n, you must fi	, and may do amily size an Il out the App	so only if your income is le	ess e	
9.	Have you filed for	☑ No						
	bankruptcy within the last 8 years?	☐ Yes						
		District		When		Case number		
		District _		When	1/DD/YYYY	Case number		
						Case number		
		_		MN	I/DD/YYYY			
10.	Are any bankruptcy cases pending or being	☑ No						
	filed by a spouse who is	☐ Yes						
	not filing this case with you, or by a business	Debtor _			Relationsh	nip to you		
	partner, or by an	District		When		Case number,		
	affiliate?				I/DD/YYYY			
		Debtor _			_ Relationsh	nip to you		
		District		When		Case number,		
		_		MN	I / DD / YYYY	if known		
11.	Do you rent your	✓ No.	Go to line 12.					
	residence?	☐ Yes	. Has your landlord obtained an eviction	n judgment aç	gainst you?			
			No. Go to line 12. Yes. Fill out Initial Statement About and file it as part of this bankrupt		n Judgment	Against You (Form 101A)		

Debtor 1 Jane Ellifrits			Case number (if known)						
Pá	art 3:	Report About Ar	ıy Bı	ısine	sses You Own as a	Sole Proprietor			
12.	•	a sole proprietor ull- or part-time ss?			Go to Part 4. Name and location of bo	usiness			
		roprietorship is a s you operate as an			Name of business, if any				
	separate	al, and is not a e legal entity such as ation, partnership, or			Number Street				
	-	ave more than one			City		State	ZIP Co	ode
	separate	prietorship, use a e sheet and attach it			Check the appropriate	box to describe your business:			
	to this p	etition.			Single Asset Real Stockbroker (as d	ness (as defined in 11 U.S.C. § Estate (as defined in 11 U.S.C. efined in 11 U.S.C. § 101(53A)) or (as defined in 11 U.S.C. § 101 e	. § 101(51B))	
Chapter Bankrup are you		filing under 11 of the ptcy Code and a small business	can mos	set ap st rece	propriate deadlines. If you	the court must know whether you indicate that you are a small ent of operations, cash-flow start exist, follow the procedure in 1	l business de tement, and	ebtor, you federal in	must attach your ncome tax return
	debtor?		No.	I am not filing under Ch	napter 11.				
		definition of small ess debtor, see S.C. § 101(51D).		No.	I am filing under Chapt the Bankruptcy Code.	er 11, but I am NOT a small bus	siness debto	r accordir	ng to the definition in
	11 U.S.0			Yes.	I am filing under Chapt Bankruptcy Code.	er 11 and I am a small business	s debtor acco	ording to t	the definition in the
Pa	art 4:	Report If You Ov	vn oı	· Hav	e Any Hazardous F	Property or Any Property	That Nee	ds Imr	nediate Attention
14.	Do you	own or have any		No					
	alleged immine			Yes.	What is the hazard?				
	any pro	Or do you own perty that needs attention?			If immediate attention i	s needed, why is it needed?			
	perishal livestoci	mple, do you own ble goods, or k that must be fed, or ng that needs urgent			Where is the property?	Number Street			
	repairs?	•							
						City		State	ZIP Code

Debtor 1 Jane Ellifrits Case number (if known)

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one:

About Debtor 1:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about					
credit counseling because of:					
☐ Incapacity.	I have a mental illness or a mer				

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing at	out
credit counseling because of:	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1		Jane Ellifrits			Case number (if known)				
P	art 6:	Answer These Q	uest	ions f	for Reporting I	Purpos	es		
16.	What ki have?	nd of debts do you	16a.		-	vidual pr b.	sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."
			16b.	mon	money for a business or investment or through the operation of the business or investment. No. Go to line 16c.				
			16c.	Stat	e the type of debts	s you owe	e that are not consumer or bu	sines	s debts.
17.	Are you Chapter	ı filing under r 7?		No.	I am not filing und	der Chap	ter 7. Go to line 18.		
	any exe exclude adminis are paid available	estimate that after mpt property is ed and strative expenses d that funds will be le for distribution cured creditors?		Yes.	•		•	-	xempt property is excluded and to distribute to unsecured creditors?
18.		any creditors do imate that you		1-49 50-99 100-1 200-9	99		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.		uch do you e your assets to h?		\$100,	0,000 01-\$100,000 001-\$500,000 001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.		uch do you e your liabilities to		\$100,	0,000 01-\$100,000 001-\$500,000 001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

Debtor 1	Jane Ellifrits	Case number (if known)				
Part 7:	Sign Below					
For you		I have examined this petition, and I de and correct.	clare under penalty of perjury that the information provided is true			
		·	7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, understand the relief available under each chapter, and I choose to			
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
		š .	c, concealing property, or obtaining money or property by fraud in a result in fines up to \$250,000, or imprisonment for up to 20 years, o, and 3571.			
		X /s/ Jane Ellifrits	X			
		Jane Ellifrits, Debtor 1	Signature of Debtor 2			
		Executed on 04/08/2019	Executed on			

MM / DD / YYYY

MM / DD / YYYY

Debtor 1	Jane Ellifrits		Case number (if know	n)				
represente	not represented by y, you do not need	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.						
		X /s/ Dwain Downing Signature of Attorney for Debtor	Date	04/08/2019 MM / DD / YYYY				
		Dwain Downing Printed name						
		Law Office of Dwain Downing						
		Firm Name						
		1178 W. Pioneer Pkwy Number Street						
		Arlington	TX	76015				
		City	State	ZIP Code				
		Contact phone (817) 860-5685	Email address downi	ngoffice@aol.com				
		06086550	TX					
		Bar number	State	_				

Fill in this inf	ormation to identify ye	our case and this filing:		
Debtor 1	Jane	Ellifrits		
	First Name Middle	Name Last Name		
Debtor 2 (Spouse, if filing)	First Name Middle	Name Last Name		
United States Ba	nkruptcy Court for the: NOR	THERN DISTRICT OF TEXAS		
Case number			☐ Check i	if this is an
(if known)			amende	
Official Form	106A/P			
Schedule A				12/15
the asset in the ca filing together, bo sheet to this form	ategory where you think it f oth are equally responsible t . On the top of any addition	e items. List an asset only once. If an assits best. Be as complete and accurate as for supplying correct information. If more nal pages, write your name and case nume, Building, Land, or Other Real Es	possible. If two married per e space is needed, attach a s aber (if known). Answer ever	ople are separate ry question.
□ No. Go t	, , ,	ole interest in any residence, building, lan	d, or similar property?	
1.1. 1410 Carla Aver Street address, if availa	nue able, or other description	What is the property? Check all that apply. ☑ Single-family home ☐ Duplex or multi-unit building	Do not deduct secured clair amount of any secured clair Creditors Who Have Claims Current value of the	ms on <i>Schedule D:</i>
		Condominium or cooperative	entire property?	portion you own?
Arlington City	TX 76014 State ZIP Code	☐ Manufactured or mobile home ☐ Land	\$142,602.00	\$142,602.00
Tarrant		Investment property Timeshare	Describe the nature of you interest (such as fee simp	le, tenancy by the
County		Other	entireties, or a life estate), Home	, if known.
	, Arlington, TX 76014	Who has an interest in the property? Check one.	Home	
Legal Description	on: IGHTS ADDITION, Block	Debtor 1 only	Check if this is common (see instructions)	unity property
10, Lot 6 Arlington, Tarra	nt County, Texas	Debtor 2 only Debtor 1 and Debtor 2 only	,	
		At least one of the debtors and another Other information you wish to add about		
		property identification number: own for all of your entries from Part 1, incl		
entries for pa	ages you have attached for	Part 1. Write that number here		\$142,602.00
Part 2: De	scribe Your Vehicles			
		e interest in any vehicles, whether they are a vehicle, also report it on Schedule G: Exe		
3. Cars, vans, tr	rucks, tractors, sport utility	vehicles, motorcycles		
□ No ☑ Yes				

Official Form 106A/B Schedule A/B: Property page 1

Deb	tor 1 Jane Ell	lifrits	Cas	se number (if known)	
3.1. Mak	e:	Chevrolet	Who has an interest in the property? Check one.	Do not deduct secured cla amount of any secured cla	ims on Schedule D:
Mod	el:	Cruze	Debtor 1 only	Creditors Who Have Claim	ns Secured by Property.
Yea	r:	2017	Debtor 2 only	Current value of the	Current value of the
	roximate mileage:		Debtor 1 and Debtor 2 only	entire property?	portion you own?
	er information:		At least one of the debtors and another	\$12,000.00	\$12,000.00
	7 Chevrolet Cru	ze (approx. 20,000	Check if this is community property (see instructions)		
4.			s and other recreational vehicles, other veh al watercraft, fishing vessels, snowmobiles, m		
	✓ No ☐ Yes				
5.		•	own for all of your entries from Part 2, inclu Part 2. Write that number here	_	\$12,000.00
Pa	art 3: Descr	ibe Your Personal	and Household Items		
Doy	ou own or have a	any legal or equitable in	nterest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	_	s and furnishings appliances, furniture, lin	ens, china, kitchenware		
	No ✓ Yes. Describ	e Living Room Se Goods and Furi	et, Dining Set, 3 Bedroom Sets & Misce nishings	llaneous Household	\$1,200.00
7.	•		video, stereo, and digital equipment; compute		
	☐ No ☑ Yes. Describ	e Refrigerator, St	ove, Washer, Dryer, Computer & Misce	ellaneous Electronics	\$1,000.00
8.		ues and figurines; paintir	ngs, prints, or other artwork; books, pictures, o collections; other collections, memorabilia, col	-	
	✓ No ☐ Yes. Describ	e			
9.	Examples: Sports		e, and other hobby equipment; bicycles, pool t tools; musical instruments	ables, golf clubs, skis;	
	✓ No✓ Yes. Describ	e			
10.		s, rifles, shotguns, amm	unition, and related equipment		
	✓ No Yes. Describ	e			
11.	Clothes Examples: Every	day clothes, furs, leathe	r coats, designer wear, shoes, accessories		
	☐ No ✓ Yes. Describ	e Clothing & Sho	es		\$200.00

Deb	tor 1	Jane Ellifrits	Case number (if known)	
12.	Jewelry Example	es: Everyday jewelry, c gold, silver	ostume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	
	□ No ✓ Yes.	Describe Watch	& Miscellaneous Jewelry Items	\$100.00
13.	Example	m animals es: Dogs, cats, birds, h	orses	
	☐ No ✓ Yes.	Describe Dog		\$100.00
14.	Any oth	•	ehold items you did not already list, including any health aids you	
	_	Give specific mation		
15.			your entries from Part 3, including any entries for pages you have	\$2,600.00
Pa	art 4:	Describe Your F		
Do y	ou own	or have any legal or e	quitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	es: Money you have in petition	your wallet, in your home, in a safe deposit box, and on hand when you file your	
	□ No ✓ Yes.		Cash:	\$20.00
17.	•		or other financial accounts; certificates of deposit; shares in credit unions, and other similar institutions. If you have multiple accounts with the same	
	☐ No ✓ Yes.		Institution name:	
	17.	Checking accoun	CHASE Checking Account #5045	\$1,600.00
	17.:	2. Checking accoun	CHASE Checking account #0814	\$600.00
18.		mutual funds, or publes: Bond funds, invest	icly traded stocks nent accounts with brokerage firms, money market accounts	
		Ins	etitution or issuer name:	

Deb	otor 1 Jane Ellifrits	Case number (if known)	
19.	Non-publicly traded stock and interests i an interest in an LLC, partnership, and jo	n incorporated and unincorporated businesses, including int venture	
	✓ No Yes. Give specific information about them	% of ownership:	
20.	Negotiable instruments include personal ch	her negotiable and non-negotiable instruments ecks, cashiers' checks, promissory notes, and money orders. annot transfer to someone by signing or delivering them.	
	No ☐ Yes. Give specific information about them		
21.	Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, profit-sharing plans	401(k), 403(b), thrift savings accounts, or other pension or	
	□ No		
	Yes. List each account separately. Type of account:	Institution name:	
	Pension plan:	Pension Plans:	
		Local 469 Pension	
		Central States Pension Fund OPM1 TREAS 310	* 2 222 22
		\$2,368.00 per Month	\$2,368.00
22.		made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications	
	□ No		
	✓ Yes	Institution name or individual:	
	Other:	Social Security Benefits ~ \$1,731.00 per Month	\$1,731.00
23.	Annuities (A contract for a specific periodic ✓ No ✓ Yes	c payment of money to you, either for life or for a number of years) and description:	
24.	Interests in an education IRA, in an accordance U.S.C. §§ 530(b)(1), 529A(b), and 529(b)	unt in a qualified ABLE program, or under a qualified state tuition program. $)(1).$	
	✓ No YesInstitution name	e and description. Separately file the records of any interests. 11 U.S.C. § 521(c)
25.	Trusts, equitable or future interests in pr powers exercisable for your benefit	operty (other than anything listed in line 1), and rights or	
	✓ No✓ Yes. Give specific information about them		
26.	Patents, copyrights, trademarks, trade se Examples: Internet domain names, website	ecrets, and other intellectual property; s, proceeds from royalties and licensing agreements	
	NoYes. Give specific information about them		
27.	Licenses, franchises, and other general i <i>Examples:</i> Building permits, exclusive licer	ntangibles nses, cooperative association holdings, liquor licenses, professional licenses	
	✓ No Yes. Give specific information about them		

Deb	otor 1 Jane Ellifrits		Case number (if known)	
Mor	ney or property owed to you?	?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you			
	☑ No			
	Yes. Give specific inform about them, including who		Feder	ral:
	you already filed the return	rns	State	:
	and the tax years		Local	:
29.		sum alimony, spousal support,	child support, maintenance, divorce settlement, prope	rty settlement
	✓ No✓ Yes. Give specific inform	nation	Alimony:	
	_		Maintenance:	
			Support:	
			Divorce settleme	nt:
			Property settleme	ent:
		ocial Security benefits; unpaid I	sability benefits, sick pay, vacation pay, workers' oans you made to someone else	\$1,000.00
31.	Interests in insurance polici		us account (HSA); gradit hamaqurar'a or rantar'a inqui	rongo
	✓ No Yes. Name the insurance company of each policy and list its value	e	s account (HSA); credit, homeowner's, or renter's insu Beneficiary:	Surrender or refund value:
32.			who has died om a life insurance policy, or are currently	
	✓ No ☐ Yes. Give specific inform	nation		
33.		s, whether or not you have file yment disputes, insurance clair	ed a lawsuit or made a demand for payment ms, or rights to sue	
	✓ No☐ Yes. Describe each clair	n		
34.	Other contingent and unliquing rights to set off claims	idated claims of every nature	e, including counterclaims of the debtor and	
	✓ No☐ Yes. Describe each clair	n		
35.	Any financial assets you did	d not already list		
	✓ No✓ Yes. Give specific inform	nation		
36.		-	cluding any entries for pages you have	\$7,319.00

Deb	tor 1	Jane Ellifrits	Case number (if known)			
Pa	art 5:	Describe Any Business-Related Property You Own	or Have an Interest In.	List any real estate in Part 1.		
37.	-	own or have any legal or equitable interest in any business-re	lated property?			
		. Go to Part 6. s. Go to line 38.				
				Current value of the portion you own? Do not deduct secured		
38.	Accou	nts receivable or commissions you already earned		claims or exemptions.		
	✓ No	s. Describe				
39.		equipment, furnishings, and supplies les: Business-related computers, software, modems, printers, copic desks, chairs, electronic devices	ers, fax machines, rugs, teleph	ones,		
	✓ No	s. Describe				
40.	Machir	nery, fixtures, equipment, supplies you use in business, and to	ols of your trade			
	✓ No ☐ Ye	s. Describe				
41.	Invento	ory				
	✓ No ☐ Ye	s. Describe				
42.	Interes	ts in partnerships or joint ventures				
	✓ No	s. Describe Name of entity:	% of ov	vnership:		
43.	Custor	ner lists, mailing lists, or other compilations				
	✓ No □ Ye	s. Do your lists include personally identifiable information (as No Yes. Describe	defined in 11 U.S.C. § 101(41	A))? 		
44.	Any bu	isiness-related property you did not already list				
	✓ No	s. Give specific information.				
45.		e dollar value of all of your entries from Part 5, including any enerd for Part 5. Write that number here		\$0.00		
Pa	art 6:	Describe Any Farm- and Commercial Fishing-Relat If you own or have an interest in farmland, list it in Part		r Have an Interest In.		
46.	Do you	ı own or have any legal or equitable interest in any farm- or con	nmercial fishing-related prop	erty?		
		. Go to Part 7. s. Go to line 47.				

Deb	tor 1	Jane Ellifrits	Case number (if known)	
				Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm an			
	✓ No	es: Livestock, poultry, farm-raised fish		
	Yes Yes			
48.	Crops	either growing or harvested		
	✓ No			
		. Give specific		
	info	rmation		
49.	Farm ar	nd fishing equipment, implements, machinery, fixtures, and tools of tr	ade	
	☑ No			
	☐ Yes			
50.	Farm ar	nd fishing supplies, chemicals, and feed		
	☑ No			
	☐ Yes	 .		
51.	Any far	m- and commercial fishing-related property you did not already list		
	☑ No			
		. Give specific		
		rmation		
52.		dollar value of all of your entries from Part 6, including any entries for d for Part 6. Write that number here		\$0.00
P	art 7:	Describe All Property You Own or Have an Interest in The	at You Did Not List Above	
53.	-	have other property of any kind you did not already list? es: Season tickets, country club membership		
	⋈ No			
		. Give specific information.		
E 4	ما حا خاد -	dellar value of all of varie antico from Boot 7. Write that would be been		\$0.00
54.	Add the	dollar value of all of your entries from Part 7. Write that number here	7	

Deb	ilor i	Jane Ellitrits	Case nu	ımber (if known)			
P	art 8:	List the Totals of Each Part of this Form					
55.	Part 1:	Total real estate, line 2			→	\$142,602.	.00
56.	Part 2:	Total vehicles, line 5	\$12,000.00				
57.	Part 3:	Total personal and household items, line 15	\$2,600.00				
58.	Part 4:	Total financial assets, line 36	\$7,319.00				
59.	Part 5:	Total business-related property, line 45	\$0.00				
60.	Part 6:	Total farm- and fishing-related property, line 52	\$0.00				
61.	Part 7:	Total other property not listed, line 54	+\$0.00				
62.	Total p	personal property. Add lines 56 through 61	\$21,919.00	Copy personal property total	٠ .	+\$21,919.	.00
63.	Total o	of all property on Schedule A/B. Add line 55 + line 62				\$164,521.	.00

Fill in this in	formation to identify y	our case:			
Debtor 1	Jane	Ellifrits			
		le Name Last Name			
Debtor 2 (Spouse, if filing	j) First Name Middl	le Name Last Name			
United States B	ankruptcy Court for the: NOI	RTHERN DISTRICT OF	TEXAS		☐ Check if this is an
Case number (if known)					amended filing
Official Forn	n 106C			_	
Schedule C	: The Property Yo	u Claim as Exem _l	pt		04/1
Using the property space is needed,	y you listed on Schedule A/B	3: Property (Official Form 10	6A/B) as your so	ource, list the	esponsible for supplying correct information property that you claim as exempt. If mor ssary. On the top of any additional pages,
is to state a spec exempted up to to receive certain b exemption of 100 property is deter	cific dollar amount as exem the amount of any applicab enefits, and tax-exempt ret	pt. Alternatively, you may le statutory limit. Some e irement fundsmay be un er a law that limits the exe int, your exemption would	claim the full f xemptionssuc limited in dolla emption to a pa	fair market v ch as those f r amount. H rticular dolla	or health aids, rights to lowever, if you claim an ar amount and the value of the
_ ,,	f exemptions are you claim			ŭ	with you.
لكا	claiming state and federal n claiming federal exemptions		11 U.S.C. § 522	2(b)(3)	
_			mant fill in the i	nformation b	and and
	perty you list on Schedule	-	•		
-	of the property and line or at lists this property	Current value of the portion you own	Amount of the exemption yo		Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only on each exemption		
Brief description:		\$142,602.00	. ⊘ 1 \$142.	,602.00	43 U.S.C. § 175
1410 Carla Ave	., Arlington, TX 76014	<u> </u>		fair market	40 0.0.0.3 170
Legal Descript	ion: EIGHTS ADDITION, Block	, 10	value, up	to any e statutory	
Lot 6	EIGHTS ADDITION, BICC	X 10,	limit	e statutory	
Arlington, Tarra	ant County, Texas				
Line from Schedu	lle A/B: 1.1				
Brief description:		\$12,000.00	☑ \$0	0.00	Tex. Prop. Code §§ 42.001(a),
2017 Chevrolet miles)	Cruze (approx. 20,000		100% of to	fair market	42.002(a)(9)
Line from Schedu	ele A/B: 3.1			e statutory	
(Subject to a		ery 3 years after that for cas	ses filed on or a		, ,

Debtor 1 Jane Ellifrits		Case number (if known)					
Part 2:	Additional Page						
	ription of the property and line on 4/B that lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B		eck only one box for h exemption			
Sets & Mi	om Set, Dining Set, 3 Bedroom scellaneous Household Goods	\$1,200.00		\$1,200.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)		
Computer Line from S	tor, Stove, Washer, Dryer, r & Miscellaneous Electronics Schedule A/B:7	\$1,000.00		\$1,000.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)		
Brief descri Clothing & Line from S	•	\$200.00		\$200.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)		
	ption: Miscellaneous Jewelry Items Schedule A/B:12	\$100.00		\$100.00 100% of fair market value, up to any applicable statutory limit	11 USC § 541(b)(5)		
Brief descri Dog Line from S	ption: Schedule A/B: 13	\$100.00		\$100.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)		
Brief descri Cash Line from S	ption: Schedule A/B: 16	\$20.00		\$20.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.001(b)(1)		
(1st exem	Account #5045 ption claimed for this asset) chedule A/B: 17.1	\$1,600.00		\$1,600.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.001(b)(1)		
(2nd exen	Account #5045 nption claimed for this asset) Schedule A/B:17.1	\$1,600.00		\$0.00 100% of fair market value, up to any applicable statutory limit	42 U.S.C. § 407		
(3rd exem	Account #5045 aption claimed for this asset) acchedule A/B:17.1	\$1,600.00		\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(b)(3)(C)		

Debtor 1	Jane Ellifrits		Case number	(if known)
Part 2:	Additional Page			
	ription of the property and line on A/B that lists this property	Current value of the portion you own	 ount of the mption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	eck only one box for h exemption	
(1st exem	account #0814 aption claimed for this asset) Schedule A/B: 17.2	\$600.00	\$600.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.001(b)(1)
(2nd exen	ption: account #0814 nption claimed for this asset) Schedule A/B: 17.2	\$600.00	\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(b)(3)(C)
OPM1 TR \$2,368.00	Plans: Pension tates Pension Fund	<u>\$2,368.00</u>	\$2,368.00 100% of fair market value, up to any applicable statutory limit	22 U.S.C. § 4060
Month	iption: curity Benefits ~ \$1,731.00 per Schedule A/B:22	\$1,731.00	\$1,731.00 100% of fair market value, up to any applicable statutory limit	42 U.S.C. § 407
Brief descri Coin Guy Line from S	•	\$1,000.00	\$1,000.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.001(b)(1)

Fill in this inf	ormation to i	dentify your case				
	_	dentity your case	Ellifrits			
Debtor 1	Jane First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	Eirat Nama	Middle Name	Last Name			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF TEXAS	<u>s</u>		
Case number					☐ Check if this is	s an
(if known)					amended filing	9
Official Form	106D					
Schedule D:	Creditors	Who Have Cla	ims Secured k	by Property		12/15
1. Do any credit No. Chee Yes. Fill Part 1: Lis 2. List all secure claim, list the coreditor has a	cors have claims ck this box and s in all of the infor t All Secured ed claims. If a coreditor separate particular claim, ible, list the claim	mation below.	one secured ore than one in Part 2. As	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	.		e property that	\$38,491.00	\$30,000.00	\$8,491.00
American Honda	a Financial	secures the Co-Debtor	ciaim: for Daughter's		+30,000.00	+3, 10 1100
Creditor's name ATTN: Bankrup	tcy Dept.	Vehicle	.o. zaago. c			
Number Street 20800 Madrona	Ave.					
As of the date you file, the claim is: Check all that apply. Contingent						
Date debt was inc	urred <u>06/201</u>	8 Last 4 digits	of account number	6 7 4 4		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$38,491.00

Debtor 1 Jane Ellifrits		Case number (if known)			
Additional Page Part 1: After listing any entries on sequentially from the previous		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
GM Financial Creditor's name ATTN: Bankruptcy Dept. Number Street PO Box 181145 Arlington TX 76096 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates	Describe the property that secures the claim: 2017 Chevrolet Cruze As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit Uniquidated Other (including a right to offset) Automobile	mortgage or secured	\$12,000.00 car loan)	\$5,167.00	
to a community debt Date debt was incurred 07/2017	Last 4 digits of account number	8 2 2 9			

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$17,167.00 \$55,658.00

Fill in this inf	ormation t	to identify your o	case:				
Debtor 1	Jane		Ellifrits				
	First Name	Middle Name	Last Name	_			
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bar	nkruptcy Cou	rt for the: NORTHE	RN DISTRICT OF TEXAS				
Case number					Г	Check if this is a	ın
(if known)					_	amended filing	
Official Form	106E/F						
Schedule E/	F: Credi	tors Who Hav	e Unsecured Claims				12/15
on Schedule A/B: Do not include any If more space is n to this page. On t	Property (Or y creditors weeded, copy he top of any	fficial Form 106A/B) vith partially secured the Part you need,	racts or unexpired leases that and on Schedule G: Executory declaims that are listed in Schefill it out, number the entries in write your name and case num secured Claims	y Contr dule D the bo	racts and Unexpire Creditors Who H exes on the left. A	ed Leases (Officia old Claims Secur	Form 106G). ed by Property.
1. Do any credit	ors have pri	ority unsecured clai	ms against you?				
□ No. Go t	-	,					
✓ Yes.							
claim. For each	ch claim listed ority and nong needed for p	d, identify what type or priority amounts. As a priority unsecured cla	a creditor has more than one prion of claim it is. If a claim has both much as possible, list the claims ms, fill out the Continuation Pag	priority in alph	and nonpriority ame abetical order acco	ounts, list that clair rding to the credito	n here and or's name. If
(For an explar	nation of each	n type of claim, see th	e instructions for this form in the	instruc	ction booklet.		
					Total claim	Priority amount	Nonpriority amount
2.1					\$1,550.00	\$1,550.00	\$0.00
Law Office of Dv	wain Downi	ina		_		<u> </u>	
Priority Creditor's Nam	е	J	 Last 4 digits of account num 	ber			
1178 W. Pioneer	PKWY		When was the debt incurred	? 04	4/06/2019	=	
			- As of the date you file, the c	aim is:	: Check all that app	ly.	
			Contingent			•	
Arlington	TX		Unliquidated Disputed				
City	Stat		—		_		
Who incurred the Debtor 1 only	debt? Che	eck one.	Type of PRIORITY unsecure		1:		
Debtor 2 only			Domestic support obligation Taxes and certain other definitions.		u owe the governm	ent	
Debtor 1 and D At least one of	•	and another	Claims for death or persor				
		community debt	intoxicated ✓ Other. Specify				
Is the claim subject		community dept	Attorney fees for this	case			
No No	10 0110011		, attending 1000 for tillo	-450			
Yes							

Debtor 1	Jane Ellifrits	Case number (if known)
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims
□ No ☑ Ye	es	. Submit this form to the court with your other schedules.
If a cred type of	ditor has more than one nonpriority unser claim it is. Do not list claims already inc	in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what luded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2.
		Total claim
	editor's Name nkruptcy Dept. Street	\$13,408.00 Last 4 digits of account number 7 6 1 4 When was the debt incurred? 03/2012 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated
Debtor 1 Debtor 2 Debtor 1 At least c Check if	State ZIP Code ed the debt? Check one. I only	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify 2 Automobile Accts
Number S World Fina 200 Vesey New York City Who incurre Debtor 1 Debtor 2 Debtor 1 At least	editor's Name nkruptcy Dept. Street ancial Center Street NY 10285 State ZIP Code ed the debt? Check one.	#\$16,667.00 Last 4 digits of account number 3 0 6 3 When was the debt incurred? 02/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify 2 Accts

After listing any entries on this page, number them sequentially from the provious page. 3	Debtor 1 Jane Ellifrits	Case number (if known)	
Salt Lake City UT 84130 Salte City UT 84130 Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Salte Lake City UT 84130 Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only PO Box 30281 Debtor 2 only Salte Lake City UT 84130 Debtor 2 only Debtor 3 only Debtor 4 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor8	Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
Last 4 digits of account number 4		em sequentially from the	Total claim
Last 4 digits of account number 4 7 5 6	4.3		\$293.00
ATTH: Bankruptcy Dept. Number Street PO Box 30285 Contingent Cont	Capital One / Best Buy	Last 4 digits of account number 4 7 5 6	
Salit Lake City UT 84130 Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only		When was the debt incurred?	
Salt Lake City UT 84130 City Who incurred the debt? Size Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 and	Number Street	As of the date you file, the claim is: Check all that apply.	
Salt Lake City UT 84130 City Slate ZiP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 3 and onther Debtor 1 and Debtor 3 and	PO Box 30285	— — ,, ,, š , ,	
Salt Lake City UT 84130 Type of NONPRIORITY unsecured claim: Type of			
Student loans Student loan			
Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 3 and another Check if this claim is for a community debt is the claim subject to offset? Morphority Chedior's Name ATTN: Bankruptcy Dept. Street PD Box 30281 State Zip Code Debtor 2 only Debtor 1 and Debtor 3 and other similar debts When was the debt incurred? Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 and other similar debts Type of NoNPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts \$3,405.00 \$3,405.00 \$3,405.00 Charge Acct State Zip Code Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Men out of the debtor 3 debtor 4 debtor 3 debtor 4 debtor 3 debtor 4 debtor 5 debtor 4 debtor 6 debtor 5 debtor 4 debtor 6 debtor 5 debtor 4 debtor 6 debtor 5 debtor 6 debtor 6 debtor 5 debtor 6 debto	•	•••	
Debtor 1 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 4 and Debtor 5 and another Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharin			
Check if this claim is for a community debt is the claim subject to offset? Other. Specify Charge Acct			
Charge Acct	- 보고 :		
Is the claim subject to offset? No Ves Ve	Check if this claim is for a community debt		
A.4 Capital One Bank USA NA	Is the claim subject to offset?		
Capital One Bank USA NA Last 4 digits of account number 0 5 9 8 When was the debt incurred? 10/1998 As of the date you file, the claim is: Check all that apply. PO Box 30281 Sait Lake City UT 84130 City State ZiP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Aless the claim subject to offset? No Po Box 6497 Sioux Falls SD 57117 City State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only ATTN: Bankruptcy Dept. Nomphority Greditor's Name ATTN: Bankruptcy Dept. When was the debt incurred? 10/1998 As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 and another Check if this claim is for a community debt set he claim subject to offset? No No Noncurred the debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 4 and De	E		
Nonpriority Creditor's Name ATTN: Bankruptcy Dept. State ZIP Code Type of NoNPRIORITY unsecured claim: Size S	4.4		\$3,405.00
ATTN: Bankruptcy Dept. Size PO Box 30281		— — — — — — —	
Contingent Co			
Salt Lake City UT 84130 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Street Po Box 6497 Size ZIP Code Who incurred the debt? Check one. Size At Last 4 digits of account number 4 7 5 6 When was the debt incurred? 04/2009 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 4 Credit Card Accts \$293.00 CBNA / Best Buy Last 4 digits of account number 4 7 5 6 When was the debt incurred? 04/2009 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offser? No		<u> </u>	
Salt Lake City UT 84130 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt is the claim subject to offset? No Yes ATTN: Bankruptcy Dept. No Box 6497 Size ZIP Code Who incurred the debtors and another City Street PO Box 6497 Check one. Debtor 1 and Debtor 2 only Size IP Code Who incurred the debtors and another Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Last 4 digits of account number 4 7 5 6 Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Last 4 digits of account number 4 7 5 6 Who incurred the debt? Check one. Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 one. Debtor 6 one. Debtor 6 one. Debtor 7 only Debtor 7 only Debtor 6 one. Debtor 6 one. Debtor 7 only Debtor 7 only Debtor 1 only Debtor 2 only A comtingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Type of NonPriority claims Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Charge Acct	10 200 00201	= u :	
Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not repo	Salt Lake City III 94420		
Student loans Student loans		Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes 4.5 CBNA / Best Buy Nonpriority Creditor's Name ATTN: Bankruptcy Dept. Number Street PO Box 6497 Sloux Falls SD 57117 City State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No CBNA / Best Buy At Credit Card Accts State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 this claim is for a community debt Debtor 6 this claim is for a community debt Debtor 6 this claim is for a community debt Debtor 6 this claim is for a community debt Debtor 6 this claim is for a community debt Debtor 7 only Debtor 8 only Debtor 9 only D		•••	
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt Last 4 digits of account number 4 7 5 6 When was the debt incurred? Od/2009 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Siduent loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Charge Acct Charge Acct			
At least one of the debtors and another			
Check if this claim is for a community debt Is the claim subject to offset? No	At least one of the debtors and another		
Sioux Falls SD 57117 City State ZiP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Stage Sp Sp Sp Sp Sp Sp Sp S	☐ Check if this claim is for a community debt		
Yes			
Sioux Falls Solut Falls Solut of the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt Is the claim subject to offset? □ No Signature □ Check if this claim is for a community debt Is the claim subject to offset? □ No Signature Last 4 digits of account number 4 7 5 6 6 When was the debt incurred? 04/2009 As of the date you file, the claim is: Check all that apply. □ Check all t	<u> </u>		
CBNA / Best Buy Nonpriority Creditor's Name ATTN: Bankruptcy Dept. Number Street PO Box 6497 Sioux Falls Sioux Falls Sizet ZIP Code Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Last 4 digits of account number 4 7 5 6 When was the debt incurred? 04/2009 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Charge Acct			
Nonpriority Creditor's Name ATTN: Bankruptcy Dept. Number Street PO Box 6497 Sioux Falls	4.5		\$293.00
ATTN: Bankruptcy Dept. Number Street PO Box 6497		Last 4 digits of account number4756_	
As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Charge Acct	, ,	When was the debt incurred? 04/2009	
Sioux Falls State ZIP Code Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	Number Street		
Sioux Falls State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Charge Acct	FO BOX 0497		
City State ZIP Code Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Charge Acct			
Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No		Type of NONERIORITY unsecured claim:	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Charge Acct	Who incurred the debt? Check one.		
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No			
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No			
☐ Check if this claim is for a community debt Charge Acct Is the claim subject to offset? No			
Is the claim subject to offset? ✓ No	Check if this claim is for a community debt		
	Is the claim subject to offset?	-	
T Yes			

Debtor 1 Jane Ellifrits	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.6		\$4,458.00
Chase Bank CC	Last 4 digits of account number 7 6 2 8	
Nonpriority Creditor's Name	When was the debt incurred? 05/2006	
ATTN: Bankruptcy Dept. Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 3005	_ ☐ Contingent	
	Unliquidated	
Southeastern PA 19398	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?	5 Gredit Gard Accis	
✓ No		
☐ Yes		
4.7		\$25,041.00
Citi	_ Last 4 digits of account number _4_ 7_ 2_ 1_	
Nonpriority Creditor's Name ATTN: Bankruptcy Dept.	When was the debt incurred? 10/01/2000	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 6190	_ Contingent	
	Unliquidated	
Sioux Falls SD 57117	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	✓ Other. Specify Credit Card	
Is the claim subject to offset?	5.5 a.i. 5 a.i. a.	
⋈ No		
Yes		
40		
4.8		\$8,389.00
Discover Financial Svcs LLC Nonpriority Creditor's Name	Last 4 digits of account number5478	
ATTN: Bankruptcy Dept.	When was the debt incurred? 04/2008	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 15316	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Wilmington DE 19850		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	2 Credit Card Accts	
Is the claim subject to offset?		
☑ No		
Yes		

Debtor 1 Jane Ellifrits	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.9		\$10,000.00
Internal Revenue Service	Last 4 digits of account number 3 3 6	
Nonpriority Creditor's Name Centralized Insolvency Operation	When was the debt incurred?	
Number Street PO Box 7346	As of the date you file, the claim is: Check all that apply.	
10 Box 1040	□ Contingent □ Unliquidated	
Philadelphia PA 19101-7346	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Taxes	
Is the claim subject to offset?	Taxes	
☑ No		
Yes		
4.10		\$150.00
Medicredit, Inc.	Last 4 digits of account number 9 6 1 0	
Nonpriority Creditor's Name ATTN: Bankruptcy Dept.	When was the debt incurred? 07/2018	
Number Street 111 Corporate Office Dr., #200	As of the date you file, the claim is: Check all that apply.	
THE Corporate Cities Dr., #200	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
St. Louis MO 63043-1506	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	Collecting for 2 Access TX Health All. Mellional	
No No		
Yes		
4.11		\$86.00
Nordstrom FSB	Last 4 digits of account number6876_	
Nonpriority Creditor's Name ATTN: Bankruptcy Dept.	When was the debt incurred? 03/2007	
Number Street PO Box 6555	As of the date you file, the claim is: Check all that apply.	
	□ Contingent □ Unliquidated	
Englewood CO 80185	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	o. out our u	
No No		
☐ Yes		

Debtor 1 Jane Ellifrits	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.12		\$65.00
Phoenix Financial Services, LLC Nonpriority Creditor's Name ATTN: Bankruptcy Dept. Number Street PO Box 361450	Last 4 digits of account number 0 5 2 8 When was the debt incurred? 10/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
Indianapolis City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for TX Health Arlington	
✓ No Yes		
4.13		\$461.00
Portfolio Recovery Associates Nonpriority Creditor's Name ATTN: Bankruptcy Dept. Number Street 120 Corporate Blvd., Ste. 100	Last 4 digits of account number 5 1 9 2 When was the debt incurred? 05/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
Norfolk City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for 2 Accts∼Comenity & World Fin. NW Bk	

Debtor 1	Jane Ellifrits	Case number (if known)
Part 3:	List Others to Be Notified Abo	out a Debt That You Already Listed
For ex credite debts	cample, if a collection agency is trying to or in Parts 1 or 2, then list the collection	tified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. collect from you for a debt you owe to someone else, list the original agency here. Similarly, if you have more than one creditor for any of the ditional creditors here. If you do not have additional parties to be notified for mit this page.
	Honda Financial	On which entry in Part 1 or Part 2 did you list the original creditor?
Name ATTN: Ba	ankruptcy Dept.	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street drona Ave.	Acct Part 2: Creditors with Nonpriority Unsecured Claims
Torrance City	CA 90503 State ZIP Code	Last 4 digits of account number 2 7 0 3
Bank of A	merica	On which entry in Part 1 or Part 2 did you list the original creditor?
Name ATTN: Ba Number PO Box 96	ankruptcy Dept. Street 000	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Credit Card Acct & 3 Part 2: Creditors with Nonpriority Unsecured Claims Automobile Accts
Getzville City	NY 14068-9000 State ZIP Code	Last 4 digits of account number 1 4 3 5
	ne Auto Finance	On which entry in Part 1 or Part 2 did you list the original creditor?
Name ATTN: Ba Number PO Box 2	ankruptcy Dept. Street 59407	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Automobile Part 2: Creditors with Nonpriority Unsecured Claims
Plano City	TX 75025 State ZIP Code	Last 4 digits of account number 1 0 0 1
	l Natl Bank	On which entry in Part 1 or Part 2 did you list the original creditor?
Name ATTN: Ba	ankruptcy Dept.	Line of (Check one):
	Street thern Pine Blvd, Ste. P	Charge Acct Part 2: Creditors with Nonpriority Unsecured Claims
Charlotte City	NC 28273 State ZIP Code	Last 4 digits of account number <u>0</u> <u>1</u> <u>1</u> <u>4</u>
Citifinanc	ial	On which entry in Part 1 or Part 2 did you list the original creditor?
	ankruptcy Dept.	Lineof (Check one):
PO Box 6	Street 034	2 Loan Accts Part 2: Creditors with Nonpriority Unsecured Claims
Sioux Fall	ls SD 57117	Last 4 digits of account number 9 5 8 3
City	State ZIP Code	_

Debtor 1 Jane E	llifrits		Case number (if known)
Part 3: List 0	Others to B	e Notified Ab	out a Debt That You Already Listed Continuation Page
Comenity Bank/Ca	atherine		On which entry in Part 1 or Part 2 did you list the original creditor?
Name ATTN: Bankruptc	y Dept.		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	•		Charge Acct Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 182789			
			Last 4 digits of account number 2 3 7 4
Columbus City	OH State	43218 ZIP Code	<u></u>
Olly	Oldio	2 0000	
Comenity Bank/N	Y & Co.		On which entry in Part 1 or Part 2 did you list the original creditor?
Name ATTN: Bankruptc	v Dent		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	у Бори		Charma Acat
PO Box 182789			Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number 2 2 5 7
Columbus	OH	43218	<u> </u>
City	State	ZIP Code	
Comenity Bank/W	oman Within		On which entry in Part 1 or Part 2 did you list the original creditor?
Name			_
Number Street	у рерт.		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Charge Acct Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 182273			Part 2: Creditors with Nonpriority Unsecured Claims
			—— Last 4 digits of account number 9 8 8 7
Columbus	ОН	43218	— Last 4 digits of account number <u>9</u> <u>8</u> <u>8</u> <u>7</u>
City	State	ZIP Code	
O	. D		On which enters in Part 4 or Part 9 did you list the enininal anaditor?
Comenity Bk/Lane	Bryant		On which entry in Part 1 or Part 2 did you list the original creditor?
ATTN: Bankruptc	y Dept.		Lineof (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street PO Box 183003			Charge Acct Part 2: Creditors with Nonpriority Unsecured Claims
Columbus	ОН	43218	— Last 4 digits of account number 1 3 4 6
City	State	ZIP Code	
DSNB Macy's CC Name			On which entry in Part 1 or Part 2 did you list the original creditor?
ATTN: Bankruptc	y Dept.		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street PO Box 8218			Charge Acct Part 2: Creditors with Nonpriority Unsecured Claims
FO BOX 6216			
	011	45040	Last 4 digits of account number 6 2 2 0
Mason City	OH State	45040 ZIP Code	<u></u>
,			
Lane Bryant Retai	<u> </u>		On which entry in Part 1 or Part 2 did you list the original creditor?
Name ATTN: Bankruptcy Dept			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
ATTN: Bankruptcy Dept. Number Street			Credit Cord
777 S. State Road	7		Part 2: Creditors with Nonpriority Unsecured Claims
			—— Last 4 digits of account number 6 8 4 7
Margate	FL	33068	<u> </u>
City	State	ZIP Code	

Debtor 1	Jane Ellifrits	Case number (if known)
Part 3:	List Others to Be Notifie	d About a Debt That You Already Listed Continuation Page
Regions E	3ank	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 720 North	39th Street	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street	Automobile Part 2: Creditors with Nonpriority Unsecured Claims
Diameter sele	Al 05000	Last 4 digits of account number 8 0 5 2
Birmingh:	am AL 35222 State ZIP Code	
•		
Sears / Cl	BNA	On which entry in Part 1 or Part 2 did you list the original creditor?
Name ATTN: Ba	ankruptcy Dept.	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street	2 Charge Accts Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 6	283	
<u> </u>	00 57447	Last 4 digits of account number 9 1 7 5
Sioux Fall	IS SD 57117 State ZIP Code	
•		
Suntrust	Bank	On which entry in Part 1 or Part 2 did you list the original creditor?
Name ATTN: Ba	ankruptcy Dept.	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street	Automobile Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 3	303	
		Last 4 digits of account number 8 9 6 6
Tampa City	FL 33601 State ZIP Code	
Oity	State Zii Oode	
SYNCB/W	/almart DC	On which entry in Part 1 or Part 2 did you list the original creditor?
Name ATTN: Ra	ankruptcy Dept.	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street	Credit Card Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 9	65024	
		Last 4 digits of account number 1 1 8 2
Orlando City	FL 32896 State ZIP Code	
City	State ZIF Coul	
Synchron	y Bk / Sams Club	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	ankruptcy Dept.	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
	Street	Ohama Aast
PO Box 9	65005	Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number 2 1 2 9
Orlando	FL 32896	
City	State ZIP Code	
Synchron	y Bk/Car Care Disc Tire	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		
Number	ankruptcy Dept. Street	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims 2 Charge Accts Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 9		Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number 7 8 5 2
Orlando	FL 32896	
City	State ZIP Code	

Jane El	IITrits		Case number (if known)			
Part 3: List O	thers to B	e Notified Abo	ut a Debt That You Already Listed Continuation Page			
Synchrony/Care Cr	redit		On which entry in Part 1 or Part 2 did you list the original creditor?			
Name ATTN: Bankruptcy Dept.			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims			
Number Street 950 Forrer Blvd.			Charge Acct Part 2: Creditors with Nonpriority Unsecured Claims			
			— Last 4 digits of account number 0 8 4 3			
Kettering City	OH State	45420 ZIP Code				
TD Bank USA / Tar	get CC		On which entry in Part 1 or Part 2 did you list the original creditor?			
Name ATTN: Bankruptcy	Dept.		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims			
Number Street PO Box 673	•		Credit Card Part 2: Creditors with Nonpriority Unsecured Claims			
			— Last 4 digits of account number 3 0 5 1			
Minneapolis City	MN State	55440 ZIP Code	<u> </u>			
•						
Wells Fargo Auto F	inance		On which entry in Part 1 or Part 2 did you list the original creditor?			
Name ATTN: Bankruptcy	Dept.		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims			
Number Street PO Box 29704	-		2 Automobile Loans Part 2: Creditors with Nonpriority Unsecured Claims			
			— Last 4 digits of account number 9 0 0 1			
Phoenix	AZ	85038-9704				
City	State	ZIP Code				
Wells Fargo Bank N	NA		On which entry in Part 1 or Part 2 did you list the original creditor?			
Name ATTN: Bankruptcy	Dept.		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims			
Number Street PO Box 14517			Charge Acct Part 2: Creditors with Nonpriority Unsecured Claims			
			— Last 4 digits of account number 6 9 6 9			
Des Moines City	IA State	50306 ZIP Code				
City	State	ZIF Code				
Wells Fargo CC			On which entry in Part 1 or Part 2 did you list the original creditor?			
ATTN: Bankruptcy Dept.			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims			
Number Street PO Box 51193			Credit Card Part 2: Creditors with Nonpriority Unsecured Claims			
Los Angeles	C A	00051-5402	— Last 4 digits of account number <u>1</u> <u>3</u> <u>0</u> <u>2</u>			
Los Angeles	CA State	90051-5493	_			

Debtor 1	Jane Ellifrits	Case number (if known)		
Part 4:	Add the Amounts for Each Type of Unsecured Claim			

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	^{6d.} +	\$1,550.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$1,550.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
nomi art z	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	^{6i.} +	\$82,716.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$82,716.00

Fill in this information to identify your case:					
Debtor 1	Jane		Ellifrits		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF TEXA	<u>s</u>	
Case number					
(if known)					
~					

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill in this inf	ormation to	identify your case:		
Debtor 1	Jane		Ellifrits	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court f	or the: NORTHERN D I	STRICT OF TEXAS	
Case number (if known)				☐ Check if this is an amended filing
Official Form	106H			
Schedule H:	Your Cod	lebtors		12/1
1. Do you have ☐ No ✓ Yes	any codebtors	? (If you are filing a join	nt case, do not list eithe	er spouse as a codebtor.)
No	any codebtors	? (If you are filing a join	nt case, do not list eithe	r spouse as a codebtor.)
	-	-		erritory? (Community property states and territories co, Texas, Washington, and Wisconsin.)
☐ No. Go t ✓ Yes. Did ✓ No		ormer spouse, or legal ed	quivalent live with you a	t the time?
person show creditor on S	list all of your on in line 2 again Schedule D (Offi	n as a codebtor only if	that person is a guara dule E/F (Official Form	codebtor if your spouse is filing with you. List the ntor or cosigner. Make sure you have listed the 106E/F), or <i>Schedule G</i> (Official Form 106G). Use
Column 1:	Your codebto			Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.1 Amanda	Rogers			—
	red Owl Road Street	<u> </u>		Schedule E/F, line
				Schedule G, line
Arlington	1	тх	76002	American Honda Financial
City		State	ZIP Code	

Fill in this infor	mation to ident	ify your case:					
Debtor 1	Jane	,	Ellifrits				
Debior	First Name	Middle Name	Last Name			Che	eck if this is:
Debtor 2						.	An amended filing
(Spouse, if filing)	First Name	Middle Name	Last Name				-
United States Ban	kruptcy Court for the	: NORTHERN	DISTRICT OF TI	EXAS		. 🖳	A supplement showing postpetition chapter 13 income as of the following date:
(if known)	-			_			MM / DD / YYYY
Official Form 1	061						
Schedule I: Yo	our Income						12/15
responsible for suppinclude information about your spouse. your name and case	olying correct infor about your spouse If more space is no	mation. If you are If you are separeded, attach a se Answer every o	e married and not rated and your spo eparate sheet to th	filing ouse is	jointly, and s not filing	d your with y	I Debtor 2), both are equally spouse is living with you, rou, do not include information any additional pages, write
Fill in your emp information.	loyment		Debtor 1				Debtor 2 or non-filing spouse
If you have more	_	loyment status	☐ Employed				☐ Employed
job, attach a sep with information	arate page .	noyment status	✓ Not employed				☐ Not employed
additional emplo	yers.	upation	Retired				,
Include part-time or self-employed	, seasonal,	loyer's name	<u></u>				_
Occupation may	· ·	•					
Occupation may student or home applies.	p	loyer's address	Number Street				Number Street
			City		State Zip	Code	City State Zip Code
	How	long employed t	here?				
Part 2: Give	Details About N	Monthly Incom	ie				
Estimate monthly inc	come as of the date	you file this forr		ing to	report for a	any line	, write \$0 in the space. Include your
non-filing spouse unle			er combine the info	ormati	on for all e	mplove	rs for that person on the lines below. If
you need more space	.		o., oooo a.o		oo. a o		
					For Debto	or 1	For Debtor 2 or non-filing spouse
	oss wages, salary, ns). If not paid mont			2.		\$0.00	
3. Estimate and lis	st monthly overtime	pay.		3. 👍	·	\$0.00	
4. Calculate gross	income. Add line	2 + line 3.		4.		\$0.00	

Official Form 106l Schedule I: Your Income page 1

Deb	btor 1 Jane Ellifrits		Case nur	mber (if know	n)		
			For Debtor 1	For Debto			
	Copy line 4 here	→ 4.	\$0.00				
5.	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00				
	5b. Mandatory contributions for retirement plans	5b.	\$0.00				
	5c. Voluntary contributions for retirement plans	5c.	\$0.00				
	5d. Required repayments of retirement fund loans	5d.	\$0.00				
	5e. Insurance	5e.	\$0.00				
	5f. Domestic support obligations	5f.	\$0.00				
	5g. Union dues	5g.	\$0.00				
	5h. Other deductions. Specify:	5h. -	\$0.00				
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f 5g + 5h$.	f + 6.	\$0.00				
7.	Calculate total monthly take-home pay. Subtract line 6 from line	4. 7.	\$0.00				
8.	List all other income regularly received:						
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00				
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.						
	8b. Interest and dividends	8b.	\$0.00				
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.						
	8d. Unemployment compensation	8d.	\$0.00				
	8e. Social Security	8e.	\$1,731.00				
	8f. Other government assistance that you regularly receive						
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
	Specify:	8f.	\$0.00				
	8g. Pension or retirement income	8g.	\$0.00				
	8h. Other monthly income.		· · ·				
	Specify: See continuation sheet	8h. -	\$2,368.00				
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8	8h. 9.	\$4,099.00				
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spous	10. se.	\$4,099.00	+]=	\$4,099.00	
11.	11. State all other regular contributions to the expenses that you list in Schedule J.						
	Include contributions from an unmarried partner, members of your hou friends or relatives.			ır roommates	, and othe	r	
	Do not include any amounts already included in lines 2-10 or amounts	that are r	not available to pay	expenses list	ed in Sche		
	Specify:				. 11. +	\$0.00	
12.	. Add the amount in the last column of line 10 to the amount in line income. Write that amount on the Summary of Your Assets and Liabil	12.	\$4,099.00				
12	if it applies. Do you expect an increase or decrease within the year after you fi	ila thic fo	rm?			Combined monthly income	
13.		10					
	✓ No. None. Yes. Explain:						

Debtor 1	Jane Ellifrits		Case nu	mber (if known)	
Oh Othor	· Manshiy Income (detaile)		For Debtor 1	For Debtor 2 or non-filing spouse	
	Monthly Income (details) I 469 Pension		\$1,087.00		
Cent	ral States Pension		\$651.70		
ОРМ	1 TREAS 310 XXCIV SERV PPD		\$629.30		
		Totals:	\$2,368.00		

Official Form 106l Schedule I: Your Income page 3

G	ill in this inform	ation to ider	ntify you	ır case:			Ch.	l. :£ 41. :	.:	
	Debtor 1	Jane First Name	Mid	ldle Name	Ellifrit Last Na				ร เร: ended filing lement showing	g postpetition
	Debtor 2 (Spouse, if filing)	First Name	Mid	Idle Name	Last Na	me	- -		r 13 expenses and date:	as of the
	United States Bankru	uptcy Court for t	he: NOF	RTHERN DIST	RICT OF	TEXAS		MM / D	D / YYYY	
	Case number						-	IVIIVI / L	<i>D</i> /1111	
	(if known) fficial Form 10	6 I								
_	chedule J: Yo		ses							12/15
Be cor nar	as complete and ac rrect information. If me and case numbe	curate as poss more space is r (if known). A	sible. If tw needed, a nswer eve	attach another			-	-		
Li	Part 1: Descri	be Your Hou	sehold							
1.	Is this a joint case	?								
	_ No	ebtor 2 live in a			Expenses	s for Separate House	ehold o	f Debtor	2.	
2.	Do you have depe	endents?	☑ No	Till out this inform	mation	Dependent's rela	tionshi	p to	Dependent's	Does dependent
	Do not list Debtor 1 Debtor 2.	and L	_	Fill out this inforr ch dependent		Debtor 1 or Debto	or 2		age	live with you? ☐ No
	Do not state the de names.	pendents'								—
3.	Do your expenses expenses of peop yourself and your	le other than		No Yes						Yes No Yes
Ŀ	Part 2: Estima	te Your Ong	joing Mo	onthly Expen	ises					
to	timate your expense report expenses as form and fill in the	of a date after t	the bankrı	_	-	_			-	
	lude expenses paid ch assistance and h								Your expen	ises
4.	The rental or hom Include first mortga								4.	\$0.00
	If not included in I	line 4:								
	4a. Real estate ta	xes							4a	\$275.83
	4b. Property, hom	eowner's, or rer	nter's insur	ance					4b	\$150.00
	4c. Home mainter	nance, repair, ar	nd upkeep	expenses					4c	\$200.00
	4d Homeowner's	association or o	condomini	ım dues					1d	\$0.00

Deb	tor 1 Jane Ellifrits Case number	(if known	n)
		You	r expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$200.00
	6b. Water, sewer, garbage collection	6b.	\$100.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$150.00
	6d. Other. Specify:	6d.	\$0.00
7.	Food and housekeeping supplies	7.	\$500.00
8.	Childcare and children's education costs	8.	\$0.00
9.	Clothing, laundry, and dry cleaning (See continuation sheet(s) for details)	9.	\$120.00
10.	Personal care products and services	10.	\$100.00
11.	Medical and dental expenses	11.	\$150.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$150.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$150.00
14.	Charitable contributions and religious donations	14.	\$150.00
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$0.00
	15b. Health insurance	15b.	\$0.00
	15c. Vehicle insurance	15c.	\$150.00
	15d. Other insurance. Specify:	15d.	\$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$0.00
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1 2017 Chevrolet Cruze	17a.	\$398.00
	17b. Car payments for Vehicle 2	17b.	
	17c. Other. Specify:	17c.	
	17d. Other. Specify:	17d.	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19.	Other payments you make to support others who do not live with you.	40	
	Specify:	19.	

Deb	tor 1	Jane Ellifrits	Case number (if know	າ)
20.		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a.	
	20b.	Real estate taxes	20b.	
	20c.	Property, homeowner's, or renter's insurance	20c.	
	20d.	Maintenance, repair, and upkeep expenses	20d.	
	20e.	Homeowner's association or condominium dues	20e.	
21.	Other	r. Specify:	21.	+
22.	Calcu	alate your monthly expenses.	_	
	22a.	Add lines 4 through 21.	22a.	\$2,943.83
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J	I-2. 22b.	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$2,943.83
23.	Calcu	ulate your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$4,099.00
	23b.	Copy your monthly expenses from line 22c above.	23b. -	\$2,943.83
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	\$1,155.17
24.	Do yo	ou expect an increase or decrease in your expenses within the year after y	you file this form?	
		xample, do you expect to finish paying for your car loan within the year or do you ent to increase or decrease because of a modification to the terms of your more	. ,	
	1	No.		
		Yes. Explain here:		

Debtor 1	Jane Ellifrits	Case number (if known)		
9. <u>Cloth</u> Cloth	ing, laundry, and dry cleaning (details): ning		\$100.00	
Laun	dry/Dry Cleaning		\$20.00	
		Total:	\$120.00	

F	ill in this inf	ormation to	identify your case:			
		_	identify your case.			
ט	ebtor 1	Jane First Name	Middle Name	Ellifrits Last Name	-	
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name	_	
 _U	Inited States Ba	nkruptcy Court f	or the: NORTHERN D	ISTRICT OF TEXAS		
	ase number	, ,			— Charlet	fabio io ou
(i	f known)				amende	if this is an ed filing
Of	fficial Form	106Sum				
Sı	ummary of	Your Ass	ets and Liabilit	ies and Certain St	atistical Information	12/15
coi scl	rrect informationedules after ye	n. Fill out all c	of your schedules first; ginal forms, you must f	then complete the informat	r, both are equally responsible for tion on this form. If you are filing check the box at the top of this	g amended
						Your assets
						Value of what you own
1.			cial Form 106A/B)			\$4.40.000.00
	1a. Copy line	e 55, Total real e	estate, from Schedule A/	В		\$142,602.00
	1b. Copy line	e 62, Total perso	onal property, from Sche	dule A/B		\$21,919.00
	1c. Copy line	e 63, Total of all	property on Schedule A	/B		\$164,521.00
P	art 2: Su	mmarize Yo	ur Liabilities			
						Your liabilities Amount you owe
2.				Property (Official Form 106D claim, at the bottom of the la	D) ast page of Part 1 of Schedule D	\$55,658.00
3.			Have Unsecured Claims m Part 1 (priority unsecu	,	chedule E/F	\$1,550.00
	3b. Copy the	total claims fro	m Part 2 (nonpriority uns	secured claims) from line 6j o	of Schedule E/F	+ \$82,716.00
					Your total liabilities	\$139,924.00
E	Part 3: Su	mmarize Yo	ur Income and Exp	enses		
4.		our Income (Off		Schedule I		\$4,099.00
5.			Official Form 106J) from line 22c of Schedu	le J		\$2,943.83

Debtor 1		Jane Ellifrits Case	e number (if known)					
Р	art 4:	Answer These Questions for Administrative and Statistical	Records					
6.	Are yo	u filing for bankruptcy under Chapters 7, 11, or 13?						
	□ No ✓ Ye	 You have nothing to report on this part of the form. Check this box and submites 	this form to the court with your other schedules.					
7.	What k	kind of debt do you have?						
	<u> </u>	our debts are primarily consumer debts. Consumer debts are those "incurred mily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical						
		our debts are not primarily consumer debts. You have nothing to report on this is form to the court with your other schedules.	s part of the form. Check this box and submit					
8.	8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.							
9.	Copy t	py the following special categories of claims from Part 4, line 6 of Schedule E/F:						
			Total claim					
	From F	Part 4 on Schedule E/F, copy the following:						
	9a. Do	omestic support obligations. (Copy line 6a.)	\$0.00					
	9b. Ta	axes and certain other debts you owe the government. (Copy line 6b.)	\$0.00					
	9c. CI	laims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00					
	9d. St	tudent loans. (Copy line 6f.)	\$0.00					

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

\$0.00

Fill in this inf	ormation to i	dentify your case	:	
Debtor 1	Jane First Name	Middle Name	Ellifrits Last Name	-
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
		or the: NORTHERN D	ISTRICT OF TEXAS	-
Case number (if known)				Check if this is an amended filing
Official Form	106Dec			_
Declaration	About an I	ndividual Debt	or's Schedules	12/15
	n Below	someone who is NOT	an attorney to help you fill o	uit hankruntey forms?
No No	or agree to pay s	someone who is NOT	an attorney to help you hill o	ut bankruptcy forms?
— ☐ Yes. Na	ame of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty true and corr X /s/ Jane E	ect.	eclare that I have read	X	s filed with this declaration and that they are
Jane Ellifri	ts, Debtor 1		Signature of Debtor 2	

Date <u>04/08/2019</u>

MM / DD / YYYY

Date

MM / DD / YYYY

F	ill in this inf	ormation to i	dentify your case	:		
D	ebtor 1	Jane		Ellifrits		
		First Name	Middle Name	Last Name		
	ebtor 2					
(S	pouse, if filing)	First Name	Middle Name	Last Name		
Uı	nited States Bai	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF TEXAS		
C	ase number				Charle if this is an	
(if	known)				Check if this is an amended filing	
Of	ficial Form	107				
St	atement o	 f Financial	Affairs for Ind	ividuals Filing fo	r Rankruntov	04/19
<u></u>			annible. If the morein	ad macula are filing to get	ner, both are equally responsible for supplying	
cor	rect informatio	on. If more spac		separate sheet to this for	m. On the top of any additional pages, write	
Р	art 1: Giv	e Details Ab	out Your Marital S	Status and Where Yo	u Lived Before	
1.	What is your	current marital	status?			
	☐ Married					
	✓ Not marrie	ed				
2.	During the las	st 3 years, have	you lived anywhere o	ther than where you live	now?	
	☑ No					
	Yes. List	all of the places	you lived in the last 3 y	rears. Do not include wher	e you live now.	
3.	(Community p		•	• .	n a community property state or territory? uisiana, Nevada, New Mexico, Puerto Rico, Texas,	
	☑ No					
	☐ Yes. Mak					

Deb	otor 1	Jane Ellifrits		Case nui	mber (if known)			
P	art 2:	Explain the Sources of `	Your Income					
4.	Fill in th	I have any income from employ e total amount of income you recorder filing a joint case and you have	eived from all jobs and all busi	nesses, including par	t-time activities.	calendar years?		
	☑ No ☐ Yes. Fill in the details.							
5.	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.							
	List eac	h source and the gross income from	om each source separately. D	o not include income	that you listed in line 4.			
	□ No ☑ Yes	:. Fill in the details.						
			Debtor 1		Debtor 2			
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions		
			Soc Security	\$5,193.00				
		ry 1 of the current year until I filed for bankruptcy:	Local 469 & Central Sta					
uie	uate you	i filed for ballkruptcy.	OPM1 TREAS 310	\$1,887.90				
For	the last	calendar year:	Soc Security	\$19,380.00				
(January 1 to December 31, 2018)			Local 469 & Central Sta	te: \$20,864.40				
,	,	YYYY	OPM1 TREAS 310	\$7,400.40				
		ndar year before that: December 31, 2017	2017 INCOME TAX RET	UI \$38,539.00				
YYYY								

Deb	otor 1	Jane Ellifrits				Case number (if know	wn)
P	art 3:	List Certain Paym	ents You Ma	ide Before \	You Filed for Ba	nkruptcy	
6.	Are eith	er Debtor 1's or Debtor	2's debts prima	rily consume	r debts?		
	□ No.	Neither Debtor 1 nor "incurred by an individe	-	-			d in 11 U.S.C. § 101(8) as
		During the 90 days bef	ore you filed for	bankruptcy, di	d you pay any credit	or a total of \$6,825*	or more?
		☐ No. Go to line 7.					
		total amount	you paid that cre	editor. Do not i	total of \$6,825* or m nclude payments for ude payments to an	domestic support of	oligations, such as
		* Subject to adjustmen	t on 4/01/22 and	d every 3 years	after that for cases	filed on or after the o	date of adjustment.
	✓ Yes.	Debtor 1 or Debtor 2	or both have pr	imarily consu	mer debts.		
		During the 90 days bef	ore you filed for	bankruptcy, di	d you pay any credit	or a total of \$600 or	more?
		☐ No. Go to line 7.					
			not include paym	nents for dome	total of \$600 or mor stic support obligation of this bankruptcy	ns, such as child su	
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Financi			_	\$1,194.00	\$17,167.00	_ Mortgage
	litor's name Box 781			1/4, 2/4 & 3	3/4/2019		☑ Car ☐ Credit card
Nun				_			Loan repayment
				_			Suppliers or vendors
Pho	oenix	AZ	85062	_			Other
City		State	ZIP Code				
7.	Insiders corporati agent, in such as	ions of which you are an	ny general partne officer, director, ss you operate a	ers; relatives of person in cont	f any general partner rol, or owner of 20%	rs; partnerships of whor more of their votin	e who was an insider? nich you are a general partner; ng securities; and any managing s for domestic support obligations
	✓ No ☐ Yes.	List all payments to an i	insider.				

Deb	tor 1	Jane Ellifrits	Case number (if known)				
8.		n 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that iited an insider?					
Include payments on debts guaranteed or cosigned by an insider.							
	✓ No ☐ Yes	s. List all payments that benefited an insider.					
P	art 4:	Identify Legal Actions, Repossessions, and Foreclosure	os.				
9.	Within a	I year before you filed for bankruptcy, were you a party in any lawsuit, such matters, including personal injury cases, small claims actions, divorce ations, and contract disputes.	court action, or administrative proceeding?				
	✓ No ☐ Yes	s. Fill in the details.					
10.	Within seized, Check a	sessed, foreclosed, garnished, attached,					
	لكا	Go to line 11. Fill in the information below.					
11.		90 days before you filed for bankruptcy, did any creditor, including a b s from your accounts or refuse to make a payment because you owed					
	✓ No ☐ Yes	. Fill in the details.					
12.		1 year before you filed for bankruptcy, was any of your property in the rs, a court-appointed receiver, a custodian, or another official?	possession of an assignee for the benefit of				
	✓ No ☐ Yes						
Pa	art 5:	List Certain Gifts and Contributions					
13.	Within	2 years before you filed for bankruptcy, did you give any gifts with a to	tal value of more than \$600 per person?				
	✓ No ☐ Yes	. Fill in the details for each gift.					
14.	Within 2 to any o	2 years before you filed for bankruptcy, did you give any gifts or contrictarity?	butions with a total value of more than \$600				
	✓ No ☐ Yes	. Fill in the details for each gift or contribution.					

Debtor 1 Jane Ellifrits				Case number (if known)							
P	art 6:	List Certa	ain Lo	osses							
15.		year before saster, or ga	-		ruptcy or s	since you fi	iled for bankru	uptcy, did y	ou lose any	thing because of th	neft, fire,
	✓ No ☐ Yes	. Fill in the de	etails.								
P	art 7:	List Certa	ain Pa	ayments c	r Transf	fers					
16.	anyone	you consulte	ed abou	ut seeking b	ankruptcy	y or prepari	ing a bankrupt	tcy petition	?	or transfer any pro	
	□ No	. Fill in the de		upicy petition	i preparers	s, or credit c	ounseling agei	icies foi sei	vices require	ed for your bankrupt	у.
	V Office	of Dwain Do	ownin	g	Descr	iption and v	value of any p	roperty trai	nsferred	Date payment or transfer was made	Amount of payment
	8 W. Pic	neer Pkwy								04/06/2019	\$450.00
 Arli	ngton	,	TX	76013	_						_
City			State	ZIP Code	_						
	vningof1 il or websit	ice@aol.co address	<u>m</u>								
Pers	on Who M	ade the Paymen	nt, if Not	You	_						
17.	anyone	-	ed to he	elp you dea	with you	r creditors	or to make pa			or transfer any pro rs?	perty to
	✓ No ☐ Yes	. Fill in the de	etails.								
18.	propert	y transferred	in the	ordinary co	urse of yo	our busines	s or financial	affairs?		perty to anyone, ot	
	Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.							property).			
	✓ No ☐ Yes	. Fill in the de	etails.								
19.	you are						nsfer any propertion devices.)	perty to a se	elf-settled tr	ust or similar devid	e of which:
	☑ No ☐ Yes. Fill in the details.										

Debtor 1		Jane Ellifrits	Case number (if known)
P	art 8:	List Certain Financial Accounts, Instruments, Safe Depo	osit Boxes, and Storage Units
20.		year before you filed for bankruptcy, were any financial accounts or i closed, sold, moved, or transferred?	nstruments held in your name, or for your
		checking, savings, money market, or other financial accounts; certificates of pension funds, cooperatives, associations, and other financial institutions.	of deposit; shares in banks, credit unions, brokerage
	✓ No ☐ Yes	Fill in the details.	
21.	-	now have, or did you have within 1 year before you filed for bankruptc rities, cash, or other valuables?	y, any safe deposit box or other depository
	✓ No ☐ Yes	Fill in the details.	
22.	☑ No	u stored property in a storage unit or place other than your home with Fill in the details.	in 1 year before you filed for bankruptcy?
P	art 9:	Identify Property You Hold or Control for Someone Else	
23.	-	hold or control any property that someone else owns? Include any printrust for someone.	operty you borrowed from, are storing for,
	✓ No ☐ Yes	Fill in the details.	
P	art 10:	Give Details About Environmental Information	
For	the purp	ose of Part 10, the following definitions apply:	
ı	nazardou	nental law means any federal, state, or local statute or regulation conc s or toxic substance, wastes, or material into the air, land, soil, surfac statutes or regulations controlling the cleanup of these substances, w	e water, groundwater, or other medium,
		ns any location, facility, or property as defined under any environment or used to own, operate, or utilize it, including disposal sites.	al law, whether you now own, operate, or
		s <i>material</i> means anything an environmental law defines as a hazardo e, hazardous material, pollutant, contaminant, or similar item.	ous waste, hazardous substance, toxic
Rep	ort all no	tices, releases, and proceedings that you know about, regardless of w	hen they occurred.
24.	Has any law?	governmental unit notified you that you may be liable or potentially lia	able under or in violation of an environmental
	✓ No ☐ Yes	Fill in the details.	

Debtor 1		Jane Ellifrits	Case number (if known)
25. Have you notified any governmental unit of any release of hazardous material?			ease of hazardous material?
	✓ No	Fill in the details	
	_	. Fill in the details.	
26.	Have you	ou been a party in any judicial or administra	ntive proceeding under any environmental law? Include settlements and
	⋈ No		
	ب ا	. Fill in the details.	
P	art 11:	Give Details About Your Busines	s or Connections to Any Business
27.	Within 4		you own a business or have any of the following connections to any
	П	A sole proprietor or self-employed in a trade	profession, or other activity, either full-time or part-time
		A member of a limited liability company (LLC	
		A partner in a partnership	f a corporation
		An officer, director, or managing executive of An owner of at least 5% of the voting or equi	
	✓ No.	None of the above applies. Go to Part 12.	
		. Check all that apply above and fill in the det	ails below for each business.
28.		2 years before you filed for bankruptcy, did acial institutions, creditors, or other parties	you give a financial statement to anyone about your business? Include .
	□ No □ Yes	. Fill in the details below.	
P	art 12:	Sign Below	
			Affairs and any attachments, and I declare under penalty of perjury
that	answer	s are true and correct. I understand that ma	aking a false statement, concealing property, or obtaining money or
		fraud in connection with a bankruptcy case U.S.C. §§ 152, 1341, 1519, and 3571.	e can result in fines up to \$250,000, or imprisonment for up to 20 years,
Y /	s/ Jane	Ellifrits X	
_		rits, Debtor 1	Signature of Debtor 2
[Date	04/08/2019	Date
Did	vou atta	ch additional names to Your Statement of F	inancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
	•	on additional pages to roar statement or r	Tanolai Anano ioi marvidaas i miig ioi Bannaptoy (omolai i omi ioi).
	Yes		
Did	you pay	or agree to pay someone who is not an att	orney to help you fill out bankruptcy forms?
		me of norman	Attach the Deviloration Detition Description Attach
	res. Na	me of person	Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 19	-41467-mxr	n7 Doc 1 Filed	04/08/19	Entered (04/08/19 15	5:40:28	Page 52 of 64
Fill in this inf	ormation to i	dentify your case	:				
Debtor 1	Jane First Name	Middle Name	Ellifrits Last Name				
Debtor 2							
(Spouse, if filing)		Middle Name	Last Name	TEVAC			
	nkruptcy Court to	r the: NORTHERN D	ISTRICT OF	IEXAS			
Case number (if known)							Check if this is an amended filing
000 1 1 5	400						
Official Form							
Statement of	of Intention	for Individuals	Filing Un	ider Chapt	ter 7		12/15
If you are an indiv	vidual filing unde	r chapter 7, you mus	t fill out this fo	rm if:			
■ creditors have	claims secured	by your property, or					
■ you have lease	ed personal prop	erty and the lease ha	s not expired.				
	hever is earlier,	ourt within 30 days af unless the court exte	-		-		_
If two married ped Both debtors mus		gether in a joint case, he form.	both are equa	lly responsible	for supplying co	orrect infor	mation.
		ossible. If more space and case number (if		ttach a separat	e sheet to this fo	orm. On the	e top of any
Part 1: Lis	st Your Credit	ors Who Hold Sec	cured Claim	s			
1. For any cred	itors that you lis	ted in Part 1 of Sched	dule D: Credito	rs Who Hold Ci	laims Secured b	v Property	(Official Form 106D)

fill in the information below.

Identify the creditor and the property that is collateral			at do you intend to do with the perty that secures a debt?	Did you claim the property as exempt on Schedule C?	
Creditor's name:	American Honda Financial		Surrender the property. Retain the property and redeem it.		No Yes
Description of property securing debt:	Co-Debtor for Daughter's Vehicle		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:		
Creditor's name:	GM Financial		Surrender the property. Retain the property and redeem it.		No Yes
Description of property securing debt:	2017 Chevrolet Cruze		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:		

Debto	or 1 Jane Ellifrits		Case number (if known)
Pa	rt 2: List Your Unexpired	Personal Property Leases	
fill in	the information below. Do not lis	real estate leases. Unexpired leases are	tory Contracts and Unexpired Leases (Official Form 106G), e leases that are still in effect; the lease period has not e does not assume it. 11 U.S.C. § 365(p)(2).
I	Describe your unexpired personal	property leases	Will this lease be assumed?
ļ	None.		
	rt 3: Sign Below		
	nder penalty of perjury, I declare to ersonal property that is subject to	•	ny property of my estate that secures a debt and
X /s	s/ Jane Ellifrits	x	
Ja	ane Ellifrits, Debtor 1	Signature of Debtor 2	
Da	ate 04/08/2019	Date	_
	MM / DD / YYYY	MM / DD / YYYY	

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS FORT WORTH DIVISION

In	re Jane Ellifrits	Case No.		
	Cl	hapter	7	
	DISCLOSURE OF COMPENSATION OF ATTORNE	Y FOR	DEBTOR	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the atto that compensation paid to me within one year before the filing of the petition in bankru services rendered or to be rendered on behalf of the debtor(s) in contemplation of or is as follows:	uptcy, or a	agreed to be paid to me, for	
	For legal services, I have agreed to accept	\$2	2,000.00	
	Prior to the filing of this statement I have received		\$450.00	
	Balance Due	\$1	1,550.00	
2.	The source of the compensation paid to me was: ☐ Other (specify)			
3.	The source of compensation to be paid to me is:			
	✓ Debtor ☐ Other (specify)			
4.	✓ I have not agreed to share the above-disclosed compensation with any other per associates of my law firm.	son unle	ss they are members and	
	☐ I have agreed to share the above-disclosed compensation with another person of associates of my law firm. A copy of the agreement, together with a list of the nat compensation, is attached.			
5.	In return for the above-disclosed fee, I have agreed to render legal service for all asp	ects of th	e bankruptcy case, including:	
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in debankruptcy;	eterminin	g whether to file a petition in	
	b. Preparation and filing of any petition, schedules, statements of affairs and plan wh	ich may b	pe required;	
	c. Representation of the debtor at the meeting of creditors and confirmation hearing,	and any	adjourned hearings thereof;	

B2030	(Form	2030)	(12/15)
DZU3U 1	LEOIIII	20301	(12/13)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

04/08/2019 /s/ Dwain Downing

Date Dwain Downing
Law Office of Dwain Downing

1178 W. Pioneer Pkwy Arlington, TX 76015

Phone: (817) 860-5685 / Fax: (817) 916-8804

Bar No. 06086550

/s/ Jane Ellifrits

Jane Ellifrits

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS FORT WORTH DIVISION

IN RE: Jane Ellifrits CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

know	The above named Debtor hereby verifies that the edge.	attached l	ist of creditors is true and correct to the best of his/her
Date	4/8/2019	Signature	/s/ Jane Ellifrits Jane Ellifrits

Ally Financial Auto
ATTN: Bankruptcy Dept.
PO Box 380901
Bloomington, MN 55438

Amanda Rogers 6728 Barred Owl Road Arlington, TX 76002

American Express
ATTN: Bankruptcy Dept.
World Financial Center
200 Vesey Street
New York, NY 10285

American Honda Financial ATTN: Bankruptcy Dept. 20800 Madrona Ave. Torrance, CA 90503

Bank of America ATTN: Bankruptcy Dept. PO Box 9000 Getzville, NY 14068-9000

Capital One / Best Buy ATTN: Bankruptcy Dept. PO Box 30285 Salt Lake City, UT 84130

Capital One Auto Finance ATTN: Bankruptcy Dept. PO Box 259407 Plano, TX 75025

Capital One Bank USA NA ATTN: Bankruptcy Dept. PO Box 30281 Salt Lake City, UT 84130

CBNA / Best Buy ATTN: Bankruptcy Dept. PO Box 6497 Sioux Falls, SD 57117 Cedar Hill Natl Bank
ATTN: Bankruptcy Dept.
9401 Southern Pine Blvd, Ste. P
Charlotte, NC 28273

Chase Bank CC ATTN: Bankruptcy Dept. PO Box 3005 Southeastern, PA 19398

Citi
ATTN: Bankruptcy Dept.

PO Box 6190 Sioux Falls, SD 57117

Citifinancial ATTN: Bankruptcy Dept. PO Box 6034 Sioux Falls, SD 57117

Comenity Bank/Catherine ATTN: Bankruptcy Dept. PO Box 182789 Columbus, OH 43218

Comenity Bank/NY & Co. ATTN: Bankruptcy Dept. PO Box 182789 Columbus, OH 43218

Comenity Bank/Woman Within ATTN: Bankruptcy Dept. PO Box 182273
Columbus, OH 43218

Comenity Bk/Lane Bryant ATTN: Bankruptcy Dept. PO Box 183003 Columbus, OH 43218

Discover Financial Svcs LLC ATTN: Bankruptcy Dept. PO Box 15316 Wilmington, DE 19850 DSNB Macy's CC ATTN: Bankruptcy Dept. PO Box 8218 Mason, OH 45040

GM Financial
ATTN: Bankruptcy Dept.
PO Box 181145
Arlington, TX 76096

Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346

Lane Bryant Retail
ATTN: Bankruptcy Dept.
777 S. State Road 7
Margate, FL 33068

Law Office of Dwain Downing 1178 W. Pioneer Pkwy Arlington, TX 76013

Medicredit, Inc.
ATTN: Bankruptcy Dept.
111 Corporate Office Dr., #200
St. Louis, MO 63043-1506

Nordstrom FSB ATTN: Bankruptcy Dept. PO Box 6555 Englewood, CO 80185

Phoenix Financial Services, LLC ATTN: Bankruptcy Dept. PO Box 361450 Indianapolis, IN 46236

Portfolio Recovery Associates ATTN: Bankruptcy Dept. 120 Corporate Blvd., Ste. 100 Norfolk, VA 23502 Regions Bank 720 North 39th Street Birmingham, AL 35222

Sears / CBNA
ATTN: Bankruptcy Dept.
PO Box 6283
Sioux Falls, SD 57117

Suntrust Bank
ATTN: Bankruptcy Dept.
PO Box 3303
Tampa, FL 33601

SYNCB/Walmart DC ATTN: Bankruptcy Dept. PO Box 965024 Orlando, FL 32896

Synchrony Bk / Sams Club ATTN: Bankruptcy Dept. PO Box 965005 Orlando, FL 32896

Synchrony Bk/Car Care Disc Tire ATTN: Bankruptcy Dept. PO Box 965036 Orlando, FL 32896

Synchrony/Care Credit ATTN: Bankruptcy Dept. 950 Forrer Blvd. Kettering, OH 45420

TD Bank USA / Target CC ATTN: Bankruptcy Dept. PO Box 673 Minneapolis, MN 55440

Wells Fargo Auto Finance ATTN: Bankruptcy Dept. PO Box 29704 Phoenix, AZ 85038-9704 Wells Fargo Bank NA ATTN: Bankruptcy Dept. PO Box 14517 Des Moines, IA 50306

Wells Fargo CC ATTN: Bankruptcy Dept. PO Box 51193 Los Angeles, CA 90051-5493

		_	dentify your case			box only as dire n Form 122A-1Su	
Deb	tor 1	Jane First Name	Middle Name	Ellifrits Last Name	1. There is	no presumption of abu	se.
(Sp	tor 2 ouse, if filing)		Middle Name	Last Name	2.The calcu	ulation to determine if a applies will be made u est Calculation (Officia	a presumption nder Chapter 7
Cas	ed States Bar e number nown)	nkruptcy Court fo	r the: NORTHERN D	DISTRICT OF TEXAS		ns Test does not apply ed military service but i	
					Check if th	nis is an amended filin	g
Offi	cial Form	122A-1					
Cha	pter 7 S	tatement o	f Your Current	Monthly Income			12/1
infori are e milita 122A	nation applie kempted fror ry service, c ·1Supp) with	es. On the top on a presumption omplete and file this form.	of any additional page on of abuse because yo	heet to this form. Include to s, write your name and case ou do not have primarily contion from Presumption of A	se number (if known onsumer debts or be). If you believe that ecause of qualifying	you
۱. ۱	What is your	marital and filin	g status? Check one	only.			
!	Not mari	ried. Fill out Colu	umn A, lines 2-11.				
	Married	and your spous	e is filing with you. F	ill out both Columns A and B	3, lines 2-11.		
	Married	and your spous	e is NOT filing with ye	ou. You and your spouse a	are:		
	Livi	ng in the same	household and are no	ot legally separated. Fill out	both Columns A and	B, lines 2-11.	
	dec	lare under penalt	ty of perjury that you ar	d. Fill out Column A, lines 2- nd your spouse are legally se is that do not include evading	parated under nonba	ankruptcy law that appl	ies or that you
! /	cankruptcy c August 31. If In the result.	ase. 11 U.S.C. the amount of your Do not include an	§ 101(10A). For examour monthly income varue income amount more	red from all sources, derive ple, if you are filing on Septe ried during the 6 months, add the than once. For example, if have nothing to report for an	ember 15, the 6-mont If the income for all 6 If both spouses own the	h period would be Mare months and divide the he same rental propert	ch 1 through total by 6. Fill
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
		rages, salary, tip roll deductions).	os, bonuses, overtime	e, and commissions	\$0.00		
	Alimony and f Column B is	•	nyments. Do not inclu	de payments from a spouse	\$0.00		
) (expenses of y egular contrib our depende	you or your depoutions from an unts, parents, and	roommates. Include r		\$0.00		

Deb	tor 1	Jane Ellifrits			c	ase number (if k	nown)	
						Column A Debtor 1	Column B Debtor 2 or non-filing spous	e
5.	Net inc	ome from operating a busine	ess, profession, or	farm				
			Debtor 1	Debtor 2				
	Gross r	receipts (before all ons)	\$0.00					
	Ordina: expens	ry and necessary operating —es	\$0.00 -		Сору			
		nthly income from a business, ion, or farm	\$0.00		here -	\$0.00		
6.	Net inc	come from rental and other re	eal property					
			Debtor 1	Debtor 2				
	Gross r deducti	receipts (before all ons)	\$0.00					
	Ordinar expens	ry and necessary operating — es	\$0.00		Сору			
		nthly income from rental or eal property	\$0.00		here →	\$0.00		
7.	Interes	t, dividends, and royalties				\$0.00		
8.	Unemp	loyment compensation				\$0.00		
		enter the amount if you conten under the Social Security Act.						
	For	you		\$1,673.0	00			
	For	your spouse						
9.		on or retirement income. Do repending under the Social Security		ount received that		\$2,361.70		
10.	amount or payn or inter	e from all other sources not lit. Do not include any benefits ments received as a victim of a national or domestic terrorism. the page and put the total below	received under the war crime, a crime If necessary, list o	Social Security A against humanity	ct ',			
	Total a	mounts from separate pages, i	f any.		+		+	
11.	Add lin	ate your total current monthly es 2 through 10 for each colum dd the total for Column A to the	nn.	3.		\$2,361.70	+	= \$2,361.70 Total current monthly income

Debtor 1		J	ane Ellifrits		Case number (if known)		
Ρ	art 2:		Determine Whether the Means 1	Test Applies to You			
12.	Calc	ulate	your current monthly income for the y	ear. Follow these steps:			
	12a.	Cop	by your total current monthly income from	line 11	Copy line 11 here + 12a. \$2,361.70		
		Mul	Itiply by 12 (the number of months in a ye	ar).	X 12		
	12b.	The	e result is your annual income for this part	of the form.	12b. \$28,340.40		
13.	Calc	ulate	the median family income that applies	to you. Follow these steps:			
	Fill ir	the s	state in which you live.	Texas			
	Fill ir	the i	number of people in your household.	1			
	Fill ir	the i	median family income for your state and s	size of household	13. \$50,144.00		
			ist of applicable median income amounts as for this form. This list may also be avai				
14.	How	do ti	ne lines compare?	, ,			
	14a.		Line 12b is less than or equal to line 13 Go to Part 3.	. On the top of page 1, check b	ox 1, There is no presumption of abuse.		
	14b.		Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	op of page 1, check box 2, The	presumption of abuse is determined by Form 122A-2.		
P	art 3:		Sign Below				
			g				
	Ву	signii	ng here, I declare under penalty of perjury	that the information on this sta	tement and in any attachments is true and correct.		
			ane Ellifrits Ellifrits, Debtor 1	X	ture of Debtor 2		
		Date	4/8/2019 MM / DD / YYYY	Date	MM / DD / YYYY		
	lf y	ou ch	ecked line 14a, do NOT fill out or file For	m 122A-2.	IVIIVI / DD / TTTT		

If you checked line 14b, fill out Form 122A-2 and file it with this form.